

Macon County Auditor
Freedom of Information Act (FOIA)
Request for Copies of Records Maintained By Macon County Auditor

Date _____

I request printed copies of the following information _____

The requested information is _____, or is not _____ for commercial purposes. (Check correct statement).

Upon receipt of the requested information, I will pay for the cost of copying, not to exceed \$_____.

The copied information will be picked up by me or my authorized representative on (date) _____.

The copied information will be mailed to me upon payment to Macon County Auditor for the cost of copying, plus the additional cost of postage \$_____.

Delivery of copies will be made within seven days of the request, or upon payment of cost of copying by applicant (unless an agreement is made to deliver copies at a later date.)

Please print the following information:

Name _____

Home address _____

Home phone number _____

Name of business _____

Business address _____

Business phone number _____

Signature of applicant _____

Approved _____ or _____ Disapproved by Macon County Auditor

Signature of Macon County Auditor _____

Reason for Denial _____